BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
An Activity of
MINNIE STEVENS PIPER FOUNDATION
1250 NE Loop 410, Suite 810
San Antonio, Texas 78209-1539
Phone:(210) 525-8494 Ext. 116 Fax:(210) 341-6627 Email: ejohnson@mspf.org

2025-2026 STUDENT APPLICATION FOR
SAZA COMMISSION, INC. – MEMBER'S MEMORIAL SCHOLARSHIP
This application is specific to SAZA Commission, Inc. ONLY and CANNOT be used to apply to other BCSCH Scholarships

The Bexar County Scholarship Clearing House (BCSCH) is a Clearing House for scholarships. This means we offer a standardized application form and register applicants at a central location. However, if you are using this specific application, it can only be used to apply for the SAZA Commission, Inc.-Member's Memorial Scholarship.

The final deadline is December 30, 2025, by 4:00 p.m.

Submitting this application does not guarantee a scholarship. Therefore, you are encouraged to apply for all financial aid opportunities available to you through other sources, as well as the financial aid office at the college or university of your choice.

Completing your application with attention to every detail plays an important part in your chances of being selected as a scholarship recipient. Please note the following helpful hints:

- **Remember deadlines:** Being responsible for meeting deadlines shows you are ready for college. There will be no exceptions to the deadline noted above.
- **Do not leave any blanks:** For example, do not skip the financial information section or forget to have your Parent sign in the Acknowledgement section (both student and parent must sign)
- **Don't be shy:** about your school and community activities. Attaching a personal résumés is encouraged.
- **The Letter of Recommendation:** needs to be from an adult who is not a relative. It should reference your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility.
- **Transcripts and Exam Scores:** your transcript, SAT and/or ACT scores are required with your application
- **Personal Narratives:** should be limited to 200-400 words, typed. A well written autobiography can often be the deciding factor among highly ranked candidates. Within your narrative briefly discuss one of the topics below:
  - Describe your future college plans, and how/why you arrived at that decision; or
  - Explain your choice of college and if/how a specific person, event or situation impacted your decision.

NOTE: If you are chosen as an award recipient the sponsoring organization will contact you directly. BCSCH is ***not*** responsible for notifying scholarship winners.

TO THE COUNSELOR To ensure accurate and timely processing of information please submit ALL documents for each student as an individual packet secured with a paperclip (no staples, please). DO NOT copy as a 2-sided document, write on the back, or place into folders. Students may include a personal resume highlighting activities. A complete packet for each individual student will consist of the following:

CHECKLIST:

- ☐ Application (pages 1-3)
- ☐ Transcript of completed courses
- ☐ Transcript of pending senior year courses
- ☐ Test Scores: ACT or SAT I (may be included on transcript)
- ☐ Evaluation from Counselor
- ☐ Evaluation from English Teacher
- ☐ Evaluation from Other Teacher
- ☐ Personal Narrative (200-400 words, typed)
- ☐ Adult Recommendation (adult, non-relative)
- ☐ Advanced Placement (AP) exam scores, if applicable
- ☐ Signatures of both Student and Parent or Legal Guardian (on page 3)
- ☐ Student Name printed on all pages submitted with application
- ☐ Additional essays, recommendations or documents as requested by scholarship organizations (if applicable)

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
An Activity of
MINNIE STEVENS PIPER FOUNDATION
1250 NE Loop 410, Suite 810
San Antonio, Texas 78209-1539
Phone:(210) 525-8494 Ext.116 Fax:(210) 341-6627 Email: ejohnson@mspf.org

2025-2026 APPLICATION FOR SAZA COMMISSION, INC.- MEMBER'S MEMORIAL SCHOLARSHIP

S T U D E N T I N F O R M A T I O N

Mr.___/Miss ___ _____ Last 4 digits of SSN # _____
First Middle Last

Address _____
Number & Street City State Zip Code

Primary Phone:_____ Alternate Phone:_____ Email: _____

High School you now attend: _____ Middle School attended:_____

Age ____ Date of Birth _____ Are you a U.S. Citizen? ____ or Permanent Resident? ____

P A R E N T I N F O R M A T I O N

Father's Name: _____ Age _____

email: _____

Home Address _____ Home # _____
Number & Street City State Zip Code Work # _____

Father's Employer:_____
Company Name City/State Job Title

Mother's Name: _____ Age _____

email: _____

Home address _____ Home # _____
Number & Street City State Zip Code Work # _____

Mother's Employer:_____
Company Name City/State Job Title

IF APPLICABLE, stepfather's name and employer _____

IF APPLICABLE, stepmother's name and employer:_____

Parents are: Married _____ Divorced _____ Separated _____ Remarried _____ Widowed _____
If parent(s) is(are) deceased, please check: Father _____ Mother _____

Number of immediate family members residing in your home (INCLUDE parents and yourself):_____
List ages of all family members currently residing in your home: _____

F I N A N C I A L I N F O R M A T I O N:

2024 Annual gross income of family:
Amount indicated should include the 2024 reported income for parent(s) or legal guardian with whom you reside and any income earned yourself.

1. Under $15,000 _____
2. $15,000-24,999 _____
3. 25,000-34,999 _____
4. 35,000-49,999 _____
5. 50,000-64,999 _____
6. $65,000- 84,999 _____
7. 85,000-119,999 _____
8. 120,000-149,999 _____
9. 150,000-199,999 _____
10. 200,000-249,999 _____
11. 250,000 and up _____

Who will be responsible for financing your college education? _____
Will you be receiving Veterans Educational Benefits for college? _____
NOTE: SOME SCHOLARSHIP DONORS MAY REQUEST VERIFICATION OF INCOME TO ESTABLISH FINANCIAL NEED.

FINANCIAL INFORMATION (cont'd)

Do you have a savings account for college expenses? _____ If so, indicate amount $_____
Indicate the number of family members in your household who will be in college (or vocational/ technical school) at least half-time next year (2026-2027). INCLUDE YOURSELF! _____
Medical/Dental expenses for 2026 not covered by insurance _____
Excluding general living expenses (rent, food, utilities, transportation), describe any unusual expenses:

Any comments/additional information (if there are unusual hardships in your family which may be pertinent to applying for scholarships, please briefly explain here):

S C H O O L P R E F E R E N C E / I N T E N D E D M A J O R

College or university you wish to attend:

1st choice _____
Name City State

2nd choice _____
Name City State

Choose your college major from the codes for Programs of Study, found on page 4.

Intended Major(s): _____Code #(s)_____ Intended Career:_____
Explain any educational plans you may have beyond four years of college:

_____

H I G H S C H O O L & C O M M U N I T Y A C T I V I T I E S

(Include a personal résumé or additional pages as needed, but please do not write on back)

Activities	# of Years	Note your role, offices held, awards received

SAZA COMMISSION, INC. **Student Name:**

E M P L O Y M E N T R E C O R D

Present Employer: _____ **Dates worked: From** _____ **To** _____

Job Title/Duties: _____ **Hours worked per week:** _____

Past Employer: _____ **Dates worked: From** _____ **To** _____

Job Title/Duties: _____ **Hours worked per week:** _____

E T H N I C I T Y / H E R I T A G E

This information is optional; however, it is used to establish your eligibility for certain scholarships that are based on ethnic/national origins.

Which of the following categories best describes you? (choose one or more)

_____ 1-American Indian or Alaskan native
_____ 2-Asian American or Pacific Islander
_____ 3-Black or African American
_____ 4-White or Caucasian
_____ 5-Hispanic
_____ 6-Italian American
_____ 7-Puerto Rican
_____ 8-Hungarian
_____ 9-Other (specify_____)

S T U D E N T / P A R E N T A C K N O W L E D G E M E N T

We understand that this is only a Scholarship Application and that neither Minnie Stevens Piper Foundation nor the Bexar County Scholarship Clearing House makes any representations or assurances regarding the award or availability of scholarships.

We authorize and request the Bexar County Scholarship Clearing House to release the information contained herein, parents' financial statements, and all other information contained in student's Application Packet, to possible donors and/or colleges and universities upon request of such donors and/or colleges and universities.

A FALSE STATEMENT, ALTERATION OR OMISSION OF PERTINENT INFORMATION FROM THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REMOVAL OF APPLICATION FROM SCHOLARSHIP CONSIDERATION.

_____ _____

Student (signature required) **Date** **Parent** or legal guardian (signature required) **Date**

CODES FOR PROGRAMS OF STUDY
2025-2026

0100-Other: _____

1000-AGRICULTURE, general
1001 Animal Science
1002 Forestry
1003 Horticulture
1004 Wildlife Management

1100-ARCHITECTURE, general
1110 Landscape

1200-BUSINESS, general
1201 Accounting
1202 Banking
1203 Economics
1204 Finance
1205 Insurance
1206 Management
1207 Marketing
1208 Human Resources

1300-COMMUNICATIONS, general
1301 Advertising
1302 Journalism
1303 Photography
1304 Public Relations
1305 Radio-TV-Film

1400-COMPUTER SCIENCE, general
1401 Programming
1402 System Analysis
1403 Cyber Security

1500-EDUCATION, general
1501 Elementary Education
1502 Secondary Education
1503 Health Education
1504 Physical Education
1505 Special Education

1600-ENGINEERING, general
1601 Aerospace Engineering
1602 Biomedical Engineering
1602 Chemical Engineering
1603 Civil Engineering
1604 Electrical Engineering
1605 Electronic Engineering
1606 Industrial Engineering
1607 Mechanical Engineering
1608 Nuclear Engineering
1609 Petroleum Engineering
1610 Structural Engineering

1700-ENGLISH, general
1701 Classics
1702 Creative Writing
1703 Linguistics
1704 Literature

1800-FINE ARTS, general
1801 Art
1802 Art History
1803 Dance
1804 Dramatic Arts
1085 Music
1806 Music History
1807 Oratory (speech/debate)

1900-HOME ECONOMICS, general
1901 Fashion Design
1902 Fashion Merchandising
1903 Interior Design

2000-LANGUAGES, general
2001 French
2002 German
2003 Italian
2004 Japanese
2005 Latin
2006 Spanish
2007 Other: _____

2100-LAW ENFORCEMENT, general
2101 Computer Forensics
2102 Criminal Justice
2103 Forensic Science

2200-MATHEMATICS, general

2300-MEDICAL FIELDS, general
2301 Biomedical Technician
2302 Chiropractic
2303 Dental Assisting
2304 Dental Hygiene
2305 Emergency Medical Tech
2306 Medical Assistant
2307 Medical Technician
2308 Mental Health Technician
2309 Nursing, general
2310 Occupational Therapy
2311 Optometry
2312 Pharmacy
2313 Physical Therapy
2314 Physician Assistant
2315 Public Health
2316 Radiology
2317 Sports Medicine
2318 Surgical Technology
2319 Respiratory Therapy
2320 Speech Therapy

2500-MORTUARY SCIENCE, general

2600-NATURAL SCIENCES, general
2601 Astronomy
2602 Biology
2603 Botany
2604 Chemistry
2605 Earth Sciences
2606 Environmental Science
2607 Geography
2608 Geology
2609 Oceanography
2610 Physics
2611 Zoology
2612 Meteorology

2800-NUTRITION, general
2801 Dietetics

2900-PHILOSOPHY, general
2901 Religion

3000-PRE-PROFESSIONAL PROGRAMS
3001 Pre-Dentistry
3002 Pre-Law
3003 Pre-Medicine
3004 Pre-Veterinary Medicine

3100-SOCIAL SCIENCES, general
3101 Anthropology
3102 Archaeology
3103 History
3104 International Relations
3105 Political Science
3106 Psychology
3107 Social Work
3108 Sociology

3200-TRADE/VOCATIONAL FIELDS
3201 Aeronautical/Aviation
3202 Air Cond./Heating Tech
3203 Airline/Travel careers
3204 Auto Mechanics
3205 Business Technology
3206 Carpentry/Construction
3207 Cosmetology
3208 Culinary Arts
3209 Drafting
3210 Electronics
3211 Graphic Arts
3212 Hotel/Food Service Mgmt
3213 Industrial Arts
3214 Machine-Working
3215 Masonry
3216 Metal-Working
3217 Plumbing
3219 Real Estate
3220 Secretarial
3221 Welding

TEACHER/COUNSELOR EVALUATION FORM

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to cite your personal experiences with the student which may be beneficial in our assessment.

Student's Name _____ **High School** _____
First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	GOOD	VERY GOOD	EXCELLENT	UNKNOWN
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional maturity				
8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

_____

_____

_____

_____

_____

_____

Evaluator: _____ **Title/Department:** _____
(print first and last name)

Signature: _____ **Email:** _____

****SUBMIT THIS FORM WITH THE STUDENT'S APPLICATION PACKET – DO NOT MAIL SEPARATELY****

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
An Activity of
MINNIE STEVENS PIPER FOUNDATION

SAZA COMMISSION, INC. APPLICATION

TEACHER/COUNSELOR EVALUATION FORM

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to cite your personal experiences with the student which may be beneficial in our assessment.

Student's Name _____ **High School** _____
First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	GOOD	VERY GOOD	EXCELLENT	UNKNOWN
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional maturity				
8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

_____

_____

_____

_____

_____

_____

Evaluator: _____ **Title/Department:** _____
(print first and last name)

Signature: _____ **Email:** _____

****SUBMIT THIS FORM WITH THE STUDENT'S APPLICATION PACKET – DO NOT MAIL SEPARATELY****

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
An Activity of
MINNIE STEVENS PIPER FOUNDATION

SAZA COMMISSION, INC. APPLICATION

TEACHER/COUNSELOR EVALUATION FORM

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to cite your personal experiences with the student which may be beneficial in our assessment.

Student's Name _____ **High School** _____
First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	GOOD	VERY GOOD	EXCELLENT	UNKNOWN
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional maturity				
8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

_____

_____

_____

_____

_____

_____

Evaluator: _____ **Title/Department:** _____
(print first and last name)

Signature: _____ **Email:** _____

****SUBMIT THIS FORM WITH THE STUDENT'S APPLICATION PACKET – DO NOT MAIL SEPARATELY****

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
An Activity of
MINNIE STEVENS PIPER FOUNDATION